



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N

RENEWAL: Y or N

CALENDAR YEAR: _____

FEE AMOUNT: \$30.00

APPLICATION FOR PERMIT TO OPERATE A CLEANERS/LAUNDROMAT

Application is made for a Permit to operate a Cleaners/Laundromat establishment in accordance with the Rules and Regulations adopted by the Franklin Board of Health, January 7, 1976, under the provisions of Section 31 of Chapter III of the General Laws.

Full name of applicant: _____

Business address: _____

If applicant is a partnership, full name and residences of all partners.

Partner #1 _____

Partner #2 _____

Partner #3 _____

If applicant is a Corporation:

State of Corporation _____

Full name and address of:

President: _____

Treasurer: _____

Clerk: _____

How will hazardous materials be stored: _____

Place where hazardous materials will go:

Company name: _____

Address: _____ Telephone: _____

Owner/operator signature: _____

City and state: _____

Date: _____